

ORAL HYGIENE

A JOURNAL FOR DENTISTS

EDITED BY GEORGE EDWIN HUNT M.D., D.D.S.

TABLE OF CONTENTS

MARCH, 1913

Dental Examination of School Children 179
ARTHUR H. MERRITT, D.D.S., New York City

Nitrous Oxid—Oxygen Prolonged
Anaesthesia - - - 184
DR. A. E. SMITH, Cleveland, Ohio

The Hospital's Need of Dental Staff - 191
ANDREW J. FLANAGAN, D.D.S., Springfield, Mass.

The Week in School - - - 194

A Talk to School Teachers - - 195
L. GEORGE BEERBOWER, D.D.S., Terra Alta, W. Va.

Editorial—

Handling the Film - - - 197

Concerning Tight Wads and Things 199

That Information Shower - 199

Forsythe Infirmary Director - 201

Where to Rent Films - - 201

Dependent Children - - - 228
JUDGE W. C. DUNCAN, Columbus, Ind.

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D U P L E X

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D U P L E X

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ORAL HYGIENE

A JOURNAL FOR DENTISTS

VOLUME III.



NUMBER 3.

MARCH, 1913.

DENTAL EXAMINATION OF SCHOOL CHILDREN

By ARTHUR H. MERRITT, D.D.S., New York City.

At my request Dr. Merritt wrote the following hints for those about to undertake examination of school children's mouths. I wish I might receive the plans of procedure adopted by others who have had experience in this work. Every week brings requests from all parts of the country, asking for advice as to the best methods for conducting these examinations. Cannot you who have had this experience pass it along to those who need it, through the pages of ORAL HYGIENE? You may do much good by doing so.

In outlining a plan for the dental inspection of school children, it will be impossible to do so in such a way as to meet the needs of every locality, for it will depend in part upon the purpose of the examination just what form it should take.

Therefore, a general outline only will be given, which can be modified to meet requirements, remembering that the purpose of an article such as this is rather to point the way than to indicate just how the examination should be conducted in any given place. In the following outline an effort has been made to embody the experience of several who

have engaged in such examinations, with a view to making it as broad and comprehensive as possible.

The Examination.

This should be conducted at the school. Having obtained permission of the proper authorities, secure if possible, the co-operation of the teachers. Furnish them with the examination blanks, and get them to write in the name, address, age, grade, etc., in fact every thing which does not deal directly with the physical examination of the pupil. This should be done in advance of the examination, and in duplicate, one to be given to the child at the time of the examina-

tion, the other to be retained by the examiner. In this way the parents of the child are presented with a graphic picture of their child's dental needs, which is important in driving home the lesson of mouth hygiene.

On the day set for inspection, each pupil is fur-

a low chair in front of him. This is a simple and convenient way for examinations such as are necessary in school inspections. Sometimes a second-hand dental chair can be sent to the school, and where there are several hundred children to be examined, this is a good plan. These

Record of Examination of the Mouth.

School Five Points
 Date February 1 - 1913
 Name John Doe
 Address 557 West 53 St
 Age 10 Grade 6

Condition of Mouth (Check one) Good ☐ Fair ☒ Bad ☐

Abcesses, How Many? 2

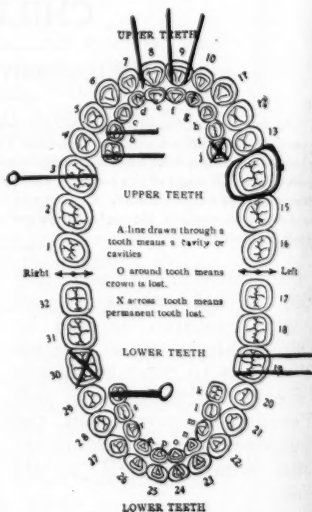
Teeth Need Cleaning Yes ☒ No ☐

Use Tooth Brush Yes ☒ No ☐

Any Teeth Filled Yes ☒ No ☐

Malocclusion Yes ☒ No ☐

Remarks Mouth breather



nished with the blanks bearing his name, each to be given to the dentist as the child presents for examination.

A chair can usually be improvised at the school which will serve every purpose. One plan is for the inspector to sit in a chair with his back to the light, the child to be examined being seated meanwhile on

however belong to the details which must be arranged by those making examinations. Only one child at a time should be admitted to the examining room, the others being assembled meanwhile in an adjoining room. The examination can be, and should be, painless. The confidence of the child, and their interest in what is being done, is

no small part of the value of these examinations. An open road to the heart of the parent and hence the tax payer, is through the child. Therefore gain his confidence, and interest him in what is being done for him. Be tactful. Be kind. It will add immeasurably to the work in hand.

Marking of History Cards.

An assistant, preferably the inspector's own office nurse, should be on hand to record on the cards the results of the examination of each child. This will greatly expedite the work. This should be done diagrammatically so that the condition of the mouth will be indicated at a glance. The card designed by the Editor of ORAL HYGIENE is good, and can be modified to meet the requirements of any examination. It will depend somewhat upon the purpose of the inspection just what should be included in the report, but generally speaking, it should indicate the number of carious teeth and their location, teeth already lost, teeth with crowns gone, making extraction probable, abscesses, occlusion, hygiene, and whether the child has ever had previous dental treatment other than extraction, with space for remarks. A note regarding the presence of adenoids or enlarged tonsils would add

value to the history. To indicate the condition of the mouth as good, fair or bad, would seem to be of little value. The record itself ought to indicate that. However, for the information of the public in whose interest these examinations are made, it is desirable to make some such classification. For this reason therefore it should be included in the report. In indicating diagrammatically the condition of the mouth, the following plan may be employed—with the permanent teeth; a line one inch long, labially or buccally from any tooth would indicate caries; if decayed on more than one surface, two or more lines would indicate that fact. For the temporary teeth, the same method could be employed, only drawing the line lingually.

The letter (X) drawn through any tooth would indicate its previous loss. A circle (O) around a tooth would mean crown lost, extraction probable. A circle at the end of a line would indicate an abscess. (See diagram page). It would add to the value of the examination to not only indicate the presence of malocclusion, but the class, as 1, 2 or 3. The subdivisions would be unnecessary. Whether the child had ever had previous dental treatment (not including extraction) and

what was the present hygiene of the mouth, should form a part of the report.

Instruments.

Comparatively few instruments are needed. Explorers, mouth mirrors, and cotton pliers will meet every requirement. These should be duplicated several times to prevent waste of time while they are being sterilized.

Sterilization of Instruments.

For the purpose of sterilizing such instruments as would be used in a dental inspection, alcohol is probably all in all the most satisfactory, though bichloride of mercury, 1-1000 may be used with little or no injury to the instruments. A glass jar, (shaped similar to a fruit jar, pint size) is most satisfactory. This can be filled as full as needed, the instruments standing upright in the jar, with about one-inch of the handle exposed above the surface. After each use the instruments should be carefully wiped on a clean piece of bibulous paper, which should then be thrown away, and the instruments immersed in the sterilizing solution. With several sets of instruments in use, they can be allowed to remain for several minutes. If alcohol is used in a jar of small diameter, there will be very little evaporation.

For the cleansing of the

hands, thorough washing in warm water with vigorous use of soap and a good hand brush will be all that is necessary. It is important that this be done in the presence of those in attendance, including the child to be examined. If the hands of the examiner have come in contact with the lips or mouth of the child, they should be washed *after each examination*. Running water, soap and a good hand brush will therefore be needed. If running water cannot be had in the room in which the examinations are to be made, a large basin of warm water with soap, brush, towels, etc., can be placed convenient to the use of the examiner. Paper napkins may be used to protect the hands against such contact, using a new napkin with each examination.

Too great care, however, cannot be observed in the matter of cleanliness, not because there is any considerable danger of infection, for there is not, but to avoid any possible criticism. There may be those in the community opposed to dental inspection, who might urge as the ground for their objection, that proper care had not been used, with the result that the children were exposed to possible infection, etc. There are a few of this kind left, and it is therefore the part of wisdom to

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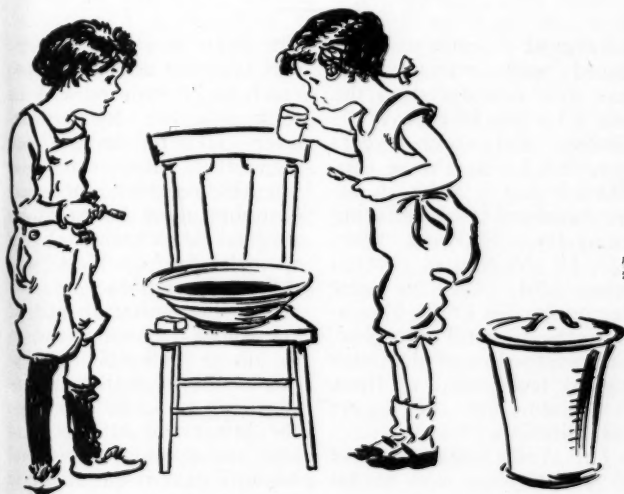
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be on the safe side, avoiding even the appearance of evil.

The Purpose of Dental Inspection.

The primary object of a dental examination of school children, is the education

therefore be given every legitimate publicity, especially in the community where it is made. The people of Indianapolis are not profoundly stirred in learning that 90 per cent. of the children in the schools of New York are in



"This toothbrushing business makes me tired. I'm goin' to wear a moustache when I grow up."—*Life*.

of their parents, to the end that the twenty millions of children in our public schools may receive the treatment which is necessary to the preservation of their teeth, and to their physical well being. It is a part of the educational propaganda. It should

need of dental attention. But they can be interested when shown that that is true of their own city—possibly of the children in their own homes.

And who shall be their teachers in these matters if not the dental profession?

NITROUS OXID—OXYGEN PRO- LONGED ANESTHESIA

FOR MAJOR SURGERY AND DENTISTRY

By DR. A. E. SMITH, Williamson Bldg., Cleveland, Ohio

Read before the Rochester Dental Society, November 12, 1912

**A Review of the History of Nitrous Oxid—Oxygen Anesthesia—The
Greater Safety of it—Advantages over Ether and Chloroform—
Disadvantages—The Proper Mixture—Warmed
Gases—Rebreathing—Cases Cited.**

Surgical anesthesia produced with nitrous oxid was first introduced to the world by Dr. Horace Wells almost sixty-eight years ago, and he should be considered one of the greatest benefactors of suffering humanity. Sixty-six years ago, Dr. Morton discovered ether and gave his first demonstration in the Massachusetts General Hospital. The profession of dentistry should feel proud of these two men, for they were both dentists.

Dr. Wells began at once to use nitrous oxid in his own practice with very good results and attempted to demonstrate its use in the amphitheatre of the Hartford Medical College, but owing to his lack of knowledge and crude apparatus his demonstration was a complete failure and he was immediately discredited. This did not discourage him although he felt the blow keenly. He kept working most diligently to enlighten the world with his great discovery.

The nervous strain that he was laboring under was too much to be endured and he took his life four years later. There have been wonderful discoveries in scientific research since that date but none so great as surgical anesthesia. From a make-shift, which was thankfully embraced as a merely humanitarian utility, anesthesia has advanced to its more scientific attainment. It is extremely interesting to look back into the history of nitrous oxid and see what a wonderful advancement it has made to the present time. After the discovery of nitrous oxid its administration was very difficult owing to the crude appliances used, and it was administered by only a few men of our profession.

It was given pure up to the year 1868 when Dr. E. Andrews of Chicago, added pure oxygen during its administration.

It has been proven that nitrous oxid is not injurious in itself, but while not

life destroying it happens to be not life sustaining. This may be easily demonstrated by placing a partly germinated seed in the gas, when you will observe that all developments will be immediately arrested. The seed will remain in this condition as long as it is in the gas. It will not be injured in the least, but as soon as it is removed to the air, it will again start to germinate.

Before the physical conditions that were produced by this mode of anesthesia or the properties of this anesthetic were thoroughly understood, it was supposed asphyxiation produced anesthesia by robbing the system of oxygen. This asphyxiation theory had to be abandoned, since it was demonstrated that adding a certain percentage of oxygen did not interfere with the anesthetic properties of the gas and that it could be administered to a patient and surgical anesthesia maintained for an indefinite period of time. Nitrous oxid has been administered thousands of times and the death rate, even in the hands of the inexperienced, is practically nil, and when oxygen is added, it makes the gas still safer.

When we stop to think how many times it has been given to patients without an examination and without the addition of oxygen and see how few deaths

have occurred, it is indeed very gratifying.

Nitrous oxid produces death by a combination of cardio-inhibition and asphyxia and when atropine has been given in the preliminary treatment, the gas may produce death by asphyxia alone. Its effect is evanescent and its action quick. This form of anesthesia runs the entire scale from slight to fatal anesthesia within a short period of time.

To administer it correctly, requires much skill and far more alertness than in administering any of the other general anesthetics.

After its discovery it was used mostly for the extraction of teeth, it being administered in the pure state or by adding a certain amount of atmospheric air. In 1868 Dr. Andrews experimented with it by adding certain percentages of oxygen and excluding the air. Very good results were obtained, considering the crude apparatus used in the administration. After the addition of oxygen, it was used to a small extent in minor surgery, but owing to the fact of not having an accurate apparatus, it was not used for prolonged operations in major surgery. The face inhaler was employed and from the dentist's standpoint, he was not benefited owing to the fact that the field of operation was in the mouth. Within

the past few years nasal inhalers have been devised with which continuous anesthesia may be maintained by nasal inhalations while the patient's mouth is wide open.

In 1899, Dr. Chas. K. Teter, of Cleveland, Ohio, began experimenting with the gases and devised an apparatus for scientifically administering definite percentages of nitrous oxid and oxygen, thereby enabling the anesthetist to carry the patient into deep and prolonged surgical anesthesia. Other experimenters have since devised similar apparatus.

When anesthesia could be maintained for an indefinite period of time with this anesthetic, thereby enabling a surgical operation to be performed, it attracted the attention of the medical profession, which is now rapidly taking up this mode of anesthesia and discontinuing the use of chloroform and ether. At first it was regarded as a dental anesthetic and for minor operations, but in the past few years frequent mention has been called to its superiority over ether and chloroform after its extensive use and investigations by such leading surgeons and anesthetists as Crile, Kelley, Parker, Teter, Bevan, Gwathney, Gatch, and the extended research work of Ewing and Hamburger.

As to the comparative

effects of nitrous oxid, chloroform, and ether narcosis on the blood, the American Medical Association reports that "as a routine anesthetic, nitrous oxid and oxygen has a peculiar value, and in the hands of highly skilled anesthetists, the method is the best yet devised."

Hamburger and Ewing say as to ether: "The color index shows a rather constant drop, starting immediately after anesthesia and reaching its lowest point on the fifth and sixth days. This would indicate a relative loss of haemoglobin per cell and again is unlike nitrous oxid results, in which the only sign of a low color index is found immediately after the anesthetic mask is removed, and which is completely gone within two hours.

"The ether volume index likewise shows an immediate loss which is most marked in twenty-four hours, and again on the fifth and seventh days. In the nitrous oxid reading, the percentage volume remains unchanged throughout."

Now, when such tests and experiments have been made by laboratory experts, showing that nitrous oxid produces no harmful effects on the blood, why is it not a superior anesthetic?

It has been proven that ether increases the toxemia of infection with a loss in

the antibodies or ferments of the blood, and that there is a diminished resistance in the blood cells that combats infection. This impedes the functional activity of the leucocytes and thereby the patient's resistance.

Dr. C. B. Parker reports a number of cases under nitrous oxid and oxygen anesthesia for major surgery which were unfavorable for any other anesthetic. Among them were patients suffering from organic diseases of the heart, kidneys, and lungs, wasting and suppurative conditions, diabetes, empyema, asthma and alcoholism, the old and young, patients of greatly over weight, those who had developed alarming symptoms through previously taking ether and chloroform, and those who had experienced the distress of previous etherization.

Parker came to the conclusion that nitrous oxygen was safer and more agreeable, and is now using it extensively in his work in Cleveland. Crile says, "In the so-called 'Border land cases,' those of grave infection, and operations on the very ill, the consensus of opinion seems to be that nitrous oxid and oxygen anesthesia gives the chance to live, and is often the hinge on which an ebbing life may turn. In the inevitably fatal cases not a patient showed the rapid

march to fatality immediately following the operation, which occasionally follows ether."

Dr. Hewitt of London says: "There is no form of anesthesia at present known which is so devoid of danger as that which results from nitrous oxid when administered with the sufficient percentage of oxygen to prevent all asphyxial complications."

Clinically it is the choice anesthetic of Dr. Murphy, of Chicago, and other noted operators in suppurative peritonitis and other infectious diseases. I could cite numerous authorities on this work, but time will not permit.

Undoubtedly it is the anesthetic par excellence, and should be the anesthetic of choice, from the very fact that we are called in to administer nitrous oxid and oxygen where chloroform and ether are contraindicated. We know that ether is an irritant to the mucus membrane of the respiratory tract, also the bladder and kidneys, and when it is administered to a patient suffering from inflammation of these tissues, we are only adding fuel to the flame.

1st. The gas has practically no odor, and when it is administered warm and with oxygen, in the proper percentage, the patient is hardly aware that he is taking an anesthetic, es-

pecially if he has ever been given ether or chloroform.

2nd. The patient passes quickly into deep anesthesia very quietly and easily.

3rd. Surgical anesthesia may be produced in a majority of cases in three minutes.

4th. The anesthetic is not irritating to the respiratory passages.

5th. It is not irritating to the kidneys.

6th. It does not produce any harmful action on the phagocytes, and is indicated in infections.

7th. Subsequent administrations have no harmful effects.

8th. It does not cause fatty degeneration of the liver cells.

9th. It has no effect upon the lungs providing it is administered warm.

10th. Nausea, in nitrous oxid cases in which there are no other nausea producing factors, rarely occurs.

11th. Patient is fully awake and has possession of all his mental faculties within a few minutes after the conclusion of the operation.

12th. The role of shock and infection is far less than with ether or chloroform.

13th. Its rapid elimination from the system.

ADVANTAGES

1st. It is more expensive than ether or chloro-

form (this should not be considered).

2nd. Deep relaxation, in some cases, is not as easily produced as with ether or chloroform.

3rd. It requires a more expensive and accurate apparatus for its administration than ether or chloroform.

4th. It requires a trained expert who fully understands the action of the two gases, symptoms of the patient, and the workings of the apparatus, to obtain good results.

5th. The anesthesia is somewhat lighter and more transient than that produced by ether or chloroform.

6th. It requires much watchfulness and alertness on the part of the administrator to produce an even narcosis.

You will note that the disadvantages concern the surgeon and anesthetist and do not add any danger to your patient.

Chloroform and ether have almost unbearable odors, which are very disagreeable to the patient. As a rule, after a patient has been given ether or chloroform, he usually abhors the smell of the drugs thereafter.

Ask any patient who has undergone an operation under ether or chloroform, what the most disagreeable feature of the operation was, and you will find

that about ninety-five per cent. will say that it was the anesthetic.

Take for example two healthy individuals and anesthetize one with chloroform or ether for twenty minutes, and see if he feels like doing anything the remainder of the day. Now, take the other individual and anesthetize him with nitrous oxid and oxygen for the same length of time, and you will find in most cases that he will go about his work soon after the anesthetic is removed.

The anesthetic is, without doubt, superior to all other anesthetics today, and is gradually taking its rightful place in major surgery. Is it not a fact that the *bete noir* of many operations performed is the anesthetic? The surgeon, physician, dentist and the layman look upon it in the same light.

I have asked several leading surgeons, during my anesthetic work, if it became necessary for them to undergo a surgical operation, what they would dread most;—the operation or the anesthetic; and I have been told every time they would dread the anesthetic most.

Did you ever stop to think of the great advancement that has been made in diagnostic and operative technique? The advancement is great, and the modern surgeon of today

can, in most cases, give the prognosis of his case to a certainty, barring the anesthetic.

In this day of accuracy and refinement of procedure, anesthesia, is making a wonderful advancement and is receiving as much attention as any other specialty in the whole realm of surgery. Anesthesia is a great science and is in a class by itself, and when it is under the direction of one skilled in its administration, the death rate is practically nil, be it any of the general anesthetics; but much less with nitrous oxid and oxygen. The anesthetist, as a rule, does not receive the credit he fully deserves. He should be placed upon the highest plane and looked upon with the regard which is due to him. Some surgeons are still skeptical as to the use of nitrous oxid and oxygen in major surgery. In this they are wrong, for it is being used in routine work in many of the leading hospitals of this country by surgeons of prominence, and this surely ought to convince the skeptical ones that it is an anesthetic that is practical and safe for all classes of work.

When this anesthetic is administered warm it does not have any effect upon the delicate membrane of the respiratory tract, thus eliminating all dangers of

post operative bronchitis and pneumonia. It should by all means be administered to patients suffering from any irritation of these parts, no matter what the nature of the operation is.

Why then, is it not better to use an anesthetic that produces no post operative complications and which will permit the patient to regain consciousness immediately after the withdrawal of the anesthetic, rather than to use a more depressing agent, which will thereby require a much longer period of time to recover from its effects?

This anesthetic is backed by science and stands without a peer as producing the least detrimental effect of all anesthetics, and above all, it is endorsed by some of the greatest surgeons in the medical profession. It has stood crucial tests and has fulfilled the requirements as to superiority, and at the present time is being taken up very rapidly for routine work.

To produce surgical anesthesia and maintain it for an indefinite period of time, requires great skill to obtain good results. The anesthetist must master the technique of administration. The fundamental principles of this mode of anesthesia must be thoroughly understood, and he must by all means know the definite action of these

two gases. It is imperative to have an accurate apparatus with accurate attachments whereby definite percentages of ether or chloroform may be administered if necessary to obtain muscular relaxation in certain cases. The apparatus must be as simple as possible, yet be complete so as to meet the requirements and contingencies in every case.

Out of five thousand cases in major surgery I have had but one case that gave me any anxiety, and she was a patient in which the physical condition and the nature of the operation strongly contraindicated any anesthetic.

There is no question but that nitrous oxid and oxygen is by far the hardest anesthetic to administer properly, and unless the proper technique is carried out, good results cannot be obtained.

It is very essential that the gases be pure to obtain good results and to insure the safety of your patient, when he places his life in your hands.

To obtain the best results the anesthetic mixture must contain from 75 to 95 per cent. nitrous oxid in order to obtain the proper saturation of the blood, which produces the change in the delicate nerve cells that brings about the state of anesthesia. Asphyxia-

(Continued on page 208)

THE HOSPITAL'S NEED OF DENTAL STAFF

By **ANDREW J. FLANAGAN, D.D.S.,** Springfield, Mass.

Read in the Section on Stomatology of the American Medical Association, at the Sixty-Third Annual Session, held at Atlantic City, June, 1912.

The last decade has produced many writings calling attention to the part the oral cavity can play in health and disease; not alone of the health and disease of the mouth, but of the entire body as well; and this has changed the general opinion held in the past—that the mouth played only a small and insignificant part in the pathology of the human system.

Now, while these ten years have been productive of great changes for the betterment of knowledge and treatment, yet, to me, the one great institution which one would expect to do the greatest good for humanity has not produced results commensurate with its ability and opportunity. For about twenty years I have been associated with the service extended by a dental practitioner to several average hospitals, and during that time experience and observation have brought forth cogitations and deductions.

On the front page of the *Dental Cosmos* is observed the quotation, "Observe, compare, reflect, record." I will here apply

this quotation to my hospital experience and give a few plain thoughts which, while perhaps not scientific, yet come from the school of experience. If the experience is a mistaken one, it will have at least one virtue—it will be an honest one not borrowed from the books.

A patient enters the average hospital for one of a score of serious operations, to be followed by several weeks, if not months, of slow recovery. Extreme care is employed to prevent septic infection—save the foul condition of the oral cavity. Experience and science of the oral hygienic movement have demonstrated the need of intelligent dental service before many of these operations. The use of the scaler, tooth brush, tongue scraper, swab, and compressed antiseptic spray is needed in many such cases; but perhaps no part of the body is more neglected than the oral cavity, and in many instances no part of the body manifests more strikingly the result of this neglect. In my opinion the hospital has no one greater need of the dental staff than

in the proper preparation of the oral cavity before and after operations.

In fractures of the mandible dentists have the ability to make a diagnosis and to correct the fracture with dental appliances of a cleanly, comfortable and sure method. The day of the old-fashioned manner of wiring or of bandaging these fractures should be a thing of the past. I would place the ability of dentistry to handle fractures as the second great need of the hospital for a dental staff.

Dentistry is part of the healing art and hospitals need it in diagnosing disease of dental origin. The twentieth century has demonstrated there are serious pathologic conditions arising from infected glands, interstitial gingivitis, non-erupted teeth, dental cysts, dental abscess, caries and necrosis. There is no greater list of troubles to ordinary humanity than the one headed neuralgia. A very large number of so-called facial neuralgias are of dental origin. The x-ray has been a boon to humanity and medicine, yet the one great need in the majority of cases is some one to read the picture, and I believe that dentistry can tellingly read some of dental origin. We hear much of faulty metabolism, but how about the cases caused from lack of masticating power, poor occlusion and infection

from diseased and foul conditions of the oral cavity?

Surgery has done much for cleft palate, but there are numerous cases which surgery cannot help, and also those in which surgery has been tried and found wanting. The hospital has yet the need of the velum and obturator. There are phases of specific disease in which the oral cavity is more liable to show symptoms to the dentist than to the regular medical practitioner. In my opinion there are many other pathologic conditions of the human body in which advanced, scientific dentistry can do much to assist the healing art, but space forbids enumerating them.

To sum up in a few words, cannot the intelligent and scientific dentist, practicing true stomatology, assist general medicine and surgery in ways needed? In fact, has not the need of the hospital for a dental staff, of true professional ability, been apparent to hundreds of intelligent, observing and scientific lay and medical people for years?

[The above paper by Dr. Flanagan was read before the section in Stomatology of the American Medical Association, at Atlantic City, June, 1912, and printed in the *Journal of the American Medical Association* for August 10, 1912.

Favorable comment on it

appeared in the Chicago *Record Herald*, the Springfield Mass., *Union*, the Springfield *Daily Republican*, and other papers.

The *Daily Republican* says:

Dr. Flanagan has had a good deal to do with the introduction of dental staffs in the hospitals of large cities in the East. Springfield hospital was something of a pioneer in this respect, having commissioned the late Dr. J. S. Hurlbut to act as dental surgeon for the institute as long as 20 years ago. Later, when the Mercy hospital was founded, Dr. Flanagan was put in charge of the dental department there, and from time to time other dentists have been added to the staff of the newer institution until the corps now numbers four. In 1902 a number of New York physicians, knowing the good results accruing to the hospitals having dental staffs, persuaded Dr. Flanagan to read a paper before the most prominent dental society of that city. Later dental staffs were established in all the principal hospitals of New York. Since then dentists have been added to the staffs of practically all the leading hospitals of the East, including many in the smaller places. All three large Springfield hospitals have dentists attached to their regular corps of physicians, and all patients in need of treatment for mouth and teeth disorders secure such treatment under the best conditions. Mercy hospital now has the largest corps of dentists on its staff, Drs. A. J. Flanagan, P. J. MacDonald, James F. Martin and Cornelius H. Mack. At the Springfield hospital all the dental work is in charge of Dr. D. Hurlbut Allis, and at the Wesson memorial hospital the work is done by Dr. Cornelius Hurlbut.

Let the good work go on.]

INSIDUOUS HATE

He is mine enemy, I know,
And loathes me in his heart,
And yet no grudge to him I owe
For his unfriendly part;
Since Fate in its adjustment
grim

Gives me my turn to gloat,
As new misfortunes follow him,
He has a motor boat.

I often go with him to ride,
While seeming to admire,
I love in secret to deride
And see his face perspire.
The things he says beneath his
breath,
With inward glee, I note.
Sometimes I'm nearly pleased
to death,
He has a motor boat.

I think of him far from the
shore
Run short of gasoline
And limply hanging to an oar,
My feelings are serene.
Perhaps he'll nearly starve some
day
While helplessly afloat.
A sweet revenge has come my
way,
He has a motor boat.

THE TORTURIN' OF THE OYSTERS.

(With apologies to Rudyard Kipling.)

Dr. Wiley says that when salt is put on oysters they suffer excruciating pain.

"What makes that oyster look so sad?" the grave Head Waiter said.

"A touch o' salt, a touch o' salt," old Dr. Wiley said.

"They are torturin' the bivalves, they are saltin' of 'em down.

They are givin' 'em tabasco fit to make the devils drown.

An' they'll die in 'arf a minute in an agony profoun';

Oh, they're torturin' the oysters most alarmin'."

"I've served 'em 'ot, I've served 'em cold," the grave Head Waiter said.

"They suffer either hot or cold," old Dr. Wiley said.

"I've poured the cocktail sauce on 'em," the grave Head Waiter said.

"You should have been arrested then," old Dr. Wiley said.

"They are saltin' down the bivalves; you can hear the critters moan,

'Tis an agony of torture that will make an oyster groan.

"I'm goin' to start a great reform if I 'ave to act alone.

Oh, they're torturin' the bivalves most alarmin'."

"What's that a leanin' on the bar?" the grave Head Waiter said.

"It's one of them S. P. C. A.," old Dr. Wiley said.

"What's that that whimpers over 'ead—" the grave Head Waiter said.

"It's oysters' souls that's passin' now," old Doctor Wiley said;

"And they're formin' in procession; you can hear the Dead March play.

The officers are comin' an' you'd better skip away,

The coppers are in column and we'd better say good day,

Or they'll put us in the cooler for a longish sort of stay,

After torturin' the oysters all the evenin'."

—*New York Sun.*

THE WEEK IN SCHOOL

Monday's Adenoidal Day—

Bring bandages and salve;

For Doctor Jones will cut away

The adenoids you have.

No doubt you will be overjoyed,

When Doctor Jones is through,

To know no fretful adenoid

Again will trouble you.

Tuesday will be Tonsil Day—

Of that please make a note;

For Doctor Brown will cut away

The tonsils from each throat.

Bring cotton, lint and vaseline.

This class meets sharp at ten,

And tonsils will be snipped off clean—

Nor trouble you again.

Wednesday is Appendix Day—

For Classes A and B;

When Doctor Smith will cut away

This superfluity.

Please don't forget the day, as said—

The classes meet at ten.

Bring needles and a spool of thread

To sew you up again.

Thursday's Antitoxin Day—

So kindly be prepared;
Bring gauze and antiseptic spray.
All right arms will be bared,
Or left arms if you so elect.
Be punctual, pray do;
For Doctor Puncture will inject
The serum sharp at two.

Friday's Vaccination Day

For fall and winter terms;
Those who have fresh scars will stay
For antityphoid germs—
Half a billion's the amount.
Classes meet at four.
Doctor Green will make the count—
Doctor Gray will pour.

Saturday's Reaction Day—

Thermometers at three;
Bring stethoscopes—and Doctor Gray
Will make blood-counts, to see
How science triumphs o'er disease—
How antitoxins rule.
Now mark the weekly program, please,
And don't be late for school.
— Saturday Evening Post.

A TALK TO SCHOOL TEACHERS

By L. GEORGE BEERBOWER, D.D.S., Terra Alta, W. Va.

To those of you who are looking for material for a talk to school teachers the following paper may be of service. This and similar papers printed in the past two years will furnish ammunition enough for half a dozen talks.

The teeth lay the foundation for the health and strength of mankind. It is the teeth that first receive, work upon and prepare the food that is the fuel of the body. The first and greatest step toward good health is to have good teeth.

It is greatly to be deplored that the number of persons who realize the value and appreciate the

comfort of health is so small. Only eight per cent. of the entire population of the United States have a true conception of the value of the teeth and pay proper attention to them. The other ninety-two per cent. are content to go through life with deformed faces, unsanitary and unhealthy bodies, and suffer great pain because they are ignorant

of the true function of the teeth, or are too neglectful and careless to give them the required attention.

How many of you in this room have ever had a toothache? If we were to count we should find that possibly all but ten or twelve of you have suffered from this most painful yet entirely preventable ailment.

Do you know that toothache is merely the result of a continued neglect of the teeth, either in your childhood or in later days? Your parents can hardly be blamed for allowing you in your childhood, to neglect your teeth, for it has been only in the last few years that dental science has disclosed the real cause of the great amount of tooth trouble. But now a new era commences. The pain and discomfort you have undergone can be saved your children and the children you teach if you will but give it your attention.

There are a few things that your pupils and children should be taught. First.—A clean tooth never decays. Continued cleaning of the teeth at home is absolutely necessary. No tooth can ever be too clean and no amount of exercise is too great to give it. Remove every bit of foreign matter that lodges in the natural crevices and if you can't do it yourself have it

done. Remember, a clean tooth never decays.

The primary or temporary teeth are more important to the health and beauty of a child than any mother dreams. They should be cleaned and kept clean until they fall out of their own accord to make room for the waiting permanent teeth.

Another thing that teachers should know, for few parents do, and that is that the four molar teeth that come into a child's mouth at the age of six years are permanent teeth. Many people mistake them for primary teeth and allow them to decay and as a result, nine times out of ten, the whole jaw becomes misshapen and the chances for regular, handsome teeth are destroyed.

And here is something for the parents to know. There is no need for a child being handicapped for life by irregular and deformed teeth, caused by mouth breathing or from any other cause. Modern dentistry has reached the point where it is able to provide a remedy for even this deformity, and ordinary cases of this kind are now treated and corrected with ease.

Aside from the comfort and cleanly feeling that you get from properly cared for teeth, you wonder if there is any other advantage you

(Continued on page 222)

EDITORIAL



GEORGE EDWIN HUNT M.D., D.D.S. EDITOR

131 EAST OHIO STREET, INDIANAPOLIS, IND., U.S.A.

ORAL HYGIENE does not publish Society Announcements, Obituaries, Personals, nor Book Reviews. This policy is made necessary by the limited size and wide circulation of the magazine

HANDLING THE FILM

In different sections the film "Toothache" is being differently handled, as is natural. Here in Indianapolis we first secured a full page write-up with illustrations, in the magazine section of the largest Sunday paper. Then we went to the best motion picture house in the city, one of these with a beautiful blonde in the ticket office, a glass screen, a big pipe organ, a quartette of singers and a ten-cent admission, and had it shown several times a day for two consecutive days. We had a big banner made, with ropes attached to the corners, and strung that up over the entrance. Then we had four lobby advertisements made, for placing on easels in the lobby. Two of these are to be used for a day or so before the film is shown and the other two while the film is being shown. We also had advertisements in the school paper telling the date and place of showing and urging pupils, teachers and parents to see it. As an incident to this first appearance one of the local dentists told me one of his patients bolted into his office and said, "Say, doctor, give me an appointment as early as you can. I've just seen that 'Toothache' film."

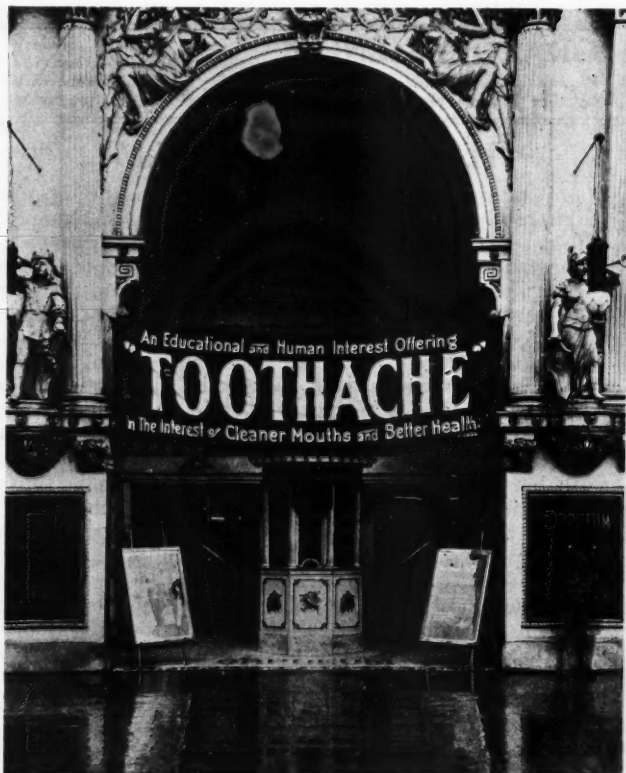
This high-class house I am telling you about is a "Trust" house.

Then we got in touch with the local lodge of the Moving Picture Exhibitor's League, consisting of practically all the owners of "Trust" motion picture houses in the city. These gentlemen have a large room in a down town block where they meet once a week and where they have a screen and a lantern. We showed them the film and talked to them about it and are having as many engagements in trust houses for showing it as we are in the independent houses. So much for the local film.

The State Association film has filled three engagements up to February 1 and is booked up for four in

February, already. It will be shown eight or ten times during the month.

In Toledo, the committee sent a letter to the motion picture houses explaining about the film and stating the theatre and the date of showing would be advertised in the daily press and in the street cars.



In Florida, the ORAL HYGIENE publisher sent out a post card in each copy of the February number, telling readers who was handling the film and how it might be rented. The member of the publishing syndicate located in Pittsburgh, Pennsylvania, also did this.

Many men, many minds. All ways are good that get the film before the public. It does good whenever and wherever shown.

CONCERNING TIGHT WADS AND THINGS

Some four months ago I enclosed a loose insert asking for information regarding what was doing in your town in mouth hygiene work. Much to my disappointment, less than two hundred replies were received. So in an editorial in November I said you were tight-wads. The term "tight-wad" is vernacular for "anti-spendthrift" and is so taken and accepted by all good men and true except Noah Webster and Mr. Century, both of whom wrote dictionaries.

Then, or thenabouts? Is there any such word as thenabouts? I don't know and it makes no difference anyhow—the Man-Who-Pays-the-Bills said he could get up an insert that would bring replies, and much annoyed and nettled and things like that, I haughtily bade him go to it, or words to that or a similar effect. So he concocted or constructed or whatever it was, another insert with words and spaces and analogous places and things and dots and other dew-dads and we sent it out in the January number.

Believe me, friends and fellow citizens, not forgetting the citizenesses, I withdraw my previously made allegations concerning and disparaging your generosity. How many hundreds of those cards were returned I can only surmise, for I have had no time to count them. Thanking you one and all, I remain, yours very truly, Mary Ellen Ryan, for that was the object of the party. As soon as I catch up my sleep I shall begin to card index those replies.

But I shall always hate The-Man-Who-Pays-the-Bills for being smarter than I was.

THAT INFORMATION SHOWER

The Editor received scores of letters in response to the request in the January number for information concerning what is doing in mouth hygiene in your town, many more than his time would permit him to answer. Many of them were full of hope and confidence but those received from young men in the profession, men too young to have lost their ideals, but who were old enough in their work to have encountered the pessimism, selfishness and narrow-mindedness of older men, were so numerous that the net result was depressing rather than joyous.

Here are some extracts from a letter from an other-

wise progressive Southern city. The writer says he is twenty-four years of age and has been in practice two years. He writes:

Our city is a good one but she is asleep. We have no school inspection and no free clinics. I am doing my best to get things started but I have very little help. When things are on a solid foundation and well established there are a number that will help but at present they are "too busy" and afraid to come out for what they know is best for humanity. * * * * * I think the biggest and richest dentist, the man with the biggest practice, should be at the head of this work. Why? Because when the critical eye of the general public has gone into the matter they cannot say, "That man is about to starve in his office and is out here trying to get business."

What an amount of energy for good is going to waste all over the country, if that young man's position is at all a common one. And that it is a common one is attested by the number of other similar letters received.

Another typical excerpt is this one:

This is a city of 30,000 population and no school inspection. No one is to blame but the dentists. They are lazy and indifferent. I have only been out of college eighteen months and have twice tried to start inspection but there was only one man that would help and we had to give it up. The county school superintendent says they want it and want it at once. Can you help me?

I wish I could help you and all the others who have asked for help, but the only thing I can do is to give you advice, and it may be poor advice. I am not sure.

In my opinion you younger men should first call on the man with the largest practice and most influence among your local dentists and try and interest him. It is not always that the man with the largest practice has the most influence and where that is so, select the man with the greatest influence. Tell him you want his name and reputation back of the movement, and all the help he can and will give, but that you, and you hope, other of the younger men, will do the bulk of the work.

Then, if he shows any interest, I would suggest that he call a meeting of all the dentists at some convenient time and place, stating the purpose of the meeting, so that all might have the opportunity to join in the work. If he consents and the other dentists attend the meeting, something will be accomplished because at such a meeting suggestions are sure to be plentiful.

In the event that all your efforts to secure the co-operation of your fellow dentists fail—and here is where my advice begins to walk on thin ice—I feel you are justified in taking up the work yourselves. And especially is this true if your school authorities are in favor of inspection. Some of your fellow dentists will sneer at you

and question your motives, but his fellow citizens threatened to torture Galileo—maybe they did. My memory is a bit hazy—and Joan of Arc was burned at the stake, and even the motives of Theodore Roosevelt have been questioned. So I believe, if your conscience is clear and your faith high, you should undertake the work alone, if your fellow dentists have been invited to join the movement and have refused.

Then I think you ought to read pages 875 and 876 in the November, 1912, issue of ORAL HYGIENE.

FORSYTHE INFIRMARY DIRECTOR

The famous Forsythe Dental Infirmary for children has been fortunate enough to secure the valuable services of Dr. Harold Dewitt Cross as its director. Dr. Cross has been connected with the Harvard Dental School for fourteen years and is well qualified by temperament and experience to act as director for this great infirmary.

WHERE TO RENT FILMS

ALABAMA.

Not yet. But keep on writing Dr. L. A. Crumley, First National Bank Building, Birmingham.

ARIZONA.

No film. See Dallas, Texas; Los Angeles, California; or Salt Lake City, Utah.

ARKANSAS.

No film. See Pittsburg, Kansas; St. Louis, Missouri; or New Orleans, Louisiana.

CALIFORNIA.

Only one. The Los Angeles film is in charge of Dr. H. Page Bailey, Auditorium Building, Los Angeles. Ought to be another at San Francisco.

CANADA.

Canadian Oral Prophylactic Association, Limited, film is in charge of Dr. A. T. Broughton, 305 Markham St., Toronto, Canada.

COLORADO.

A little backward in coming forward. Try Dr. W. A. DeBerry, Exchange Bank Building, Colorado Springs. Denver is so asleep you can hear her snore for miles around.

CONNECTICUT.

Getting better slowly. Keep on writing Dr. E. J. Abbott, Waterbury, Connecticut.

DELAWARE.

Not awake yet.

DISTRICT OF COLUMBIA.

Unreconstructed.

FLORIDA.

Jacksonville Society of Dental Surgeons' film is in charge of Dr. Carroll H. Frink, Masonic Temple, Jacksonville, Florida.

GEORGIA.

Still slumbering. Try Dr. DeLos L. Hill, Grant Building, Atlanta, Georgia.

ILLINOIS.

One film only. The Chicago Dental Society film is in charge of Dr. Harry F. Lotz, 227 Jefferson St., Joliet, Ill.

INDIANA.

Indianapolis Dental Society's film is in charge of Dr. Roy L. Bodine, Odd Fellows Building, Indianapolis.

The Indiana State Dental Association film is in charge of Dr. George E. Hunt, 131 E. Ohio St., Indianapolis.

IOWA.

The Iowa State Dental Society film is in charge of Dr. John H. Hildebrand, Waterloo, Iowa.

KANSAS.

The South Eastern Kansas, South Western Missouri, and Springfield, Missouri, Societies bought a film jointly and it is in charge of Dr. Lawrence Dillman, Pittsburg, Kansas.

KENTUCKY.

The Kentucky State Dental Association film is in charge of Dr. O. D. Wilson, Owensboro, Kentucky.

LOUISIANA.

Is yawning and will soon sit up and take notice. Write Dr. S. S. Grosjean, Maison-Blanche Building, New Orleans, Louisiana.

MAINE.

Plumb asleep.

MARYLAND.

Slumbering.

MASSACHUSETTS.

Comatose.

MICHIGAN.

Stretching herself. Write Dr. G. C. Bowles, 32 Warren Avenue, W., Detroit, Michigan.

MINNESOTA.

Rolled over once. Waiting for the alarm clock. Keep on writing Dr. Benjamin Sandy, Syndicate Building, Minneapolis, Minnesota.

LISTERINE

The best antiseptic for a dentist's prescription

As a daily wash for the preservation of the teeth, and for maintaining the mucous membrane of the mouth in a healthy condition, Listerine occupies a first place in dental and oral therapeutics.

Listerine is truly prophylactic, in that it exercises an inhibitory action upon the acid-forming bacteria of the mouth, and thus maintains the alkaline condition so necessary for the welfare of the teeth.

It is peculiarly well adapted to the requirements of general dental practice:

- To cleanse and deodorize before operating,**
- To wash and purify the mouth after extracting,**
- To treat, antiseptically, diseases of the oral cavity,**
- To prescribe as a detergent, prophylactic mouth wash.**

These well-established qualities have won for Listerine the highest recognition as the best general antiseptic for a dentist's prescription.

Supplies of an interesting treatise on mouth hygiene, may be had, free of expense, for distribution among patients. A specimen copy, of "The Dentist's Patient," together with an order form, will be sent upon request.

**"The
Dentist's
Patient."**

LAMBERT PHARMACAL CO., Locust and 21st Sts., St. Louis, Mo., U. S. A.



Half Ounce Square Medicine Bottle

The Aseptic Medicine Bottle, being made of white opal glass instead of flint glass, serves to conceal unsightly medicaments from your patients' view.

Moreover, it permits a much more orderly and systematic arrangement of your cabinet.

Price each, - 15 cents
By the dozen, \$1.50 doz.

**Lee S. Smith &
Son Co.
PITTSBURGH, PA.**

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MISSISSIPPI.

Better rent from New Orleans, when they can.
MISSOURI.

The Kansas City Dental Society film is in charge of Dr. H. W. Allen, Argyle Building, Kansas City, Missouri.

The St. Louis Dental Society film is in charge of Dr. T. E. Turner, Chemical Building, St. Louis.

For the Springfield and South West Missouri Dental Society's film, see Kansas.

MONTANA, NEVADA and NEBRASKA.

Had better rent from Salt Lake City, when they can.
NEW HAMPSHIRE.

In the arms of Morpheus.
NEW JERSEY.

No insomnia there.

NEW MEXICO.

Rent from Salt Lake City, Los Angeles or New Orleans.

NEW YORK.

Still great danger that Dr. A. H. Stevenson, 1202 Cortelyou Road, Brooklyn, may stir up the Trolley Dodgers until they buy one.

Rest of the state in the stertorous stage.
NORTH CAROLINA.

Nothing doing yet. Better keep on writing Dr. T. Martin Flemming, Raleigh.

NORTH DAKOTA.

Better rent from Minneapolis when they will let you. See Minnesota.

OHIO.

The Cincinnati Dental Society film is in charge of Dr. Henry E. Germann, Berkshire Building, Cincinnati, Ohio.

The Cleveland Dental Society film is in charge of Dr. W. G. Ebersole, Schofield Building, Cleveland.

The Toledo Dental Society film is in charge of Dr. L. L. Zarbaugh, 2742 Monroe street, Toledo.

The Youngstown Dental Society film is in charge of Dr. T. J. Evans, 127 W. Federal Street, Youngstown.

OKLAHOMA.

Deep anaesthesia stage.
PENNSYLVANIA.

Altoona is still analgesic but H. F. Crumbaker, Goldschmid Building, can tell you when.

The Pittsburgh Odontological Society of Western Pennsylvania film is in charge of Dr. T. W. McFadden, Wilkesburg, Pennsylvania.

Wilkesbarre not yet ready.

The safest, smoothest, surest way of
GOOD TEETHKEEPING

Visit your dentist at least twice a year.
Do not remove a stain by chemical reaction or sensitive cool-
ness in the mouth for a cleansing effect on the teeth. Do not use
any dentifrice unless long use by the public has officially pro-
claimed it safe—unless you know it is beneficial and know why.
Avoid all uncertainties and discomfort by thorough night and morning
use.

Dr. Lyon's
PERFECT
Tooth Powder

prepared for nearly 50 years by a doctor in dental surgery, and
bearing the stamp of purity and excellence.

Dr. Lyon's produces no chemical action, but preserves the teeth
and makes them clean and beautiful, by effective polishing
without injury. It contains no glycerine, saccharine, dextrose or
harmful chemical. No grit.

In addition to its half century of progressive success
and recognition, it measures up both in letter and
spirit to the strictest standards of purity and scientific
efficiency that rule today.

Above all, teach your children to use it regularly for
the safe guarding of their teeth and health.

*What Dr. Lyon's does not do only
your dentist is competent to do.*

Sold Everywhere



MILLIONS

have been reading our
advertisements for
nearly fifty years.

(These lines appear
in all our advertising.)

Dr. Lyon has always
emphasized the impor-
tance of co-operating
with dentists in the
interests of **GOOD TOOTH
KEEPING.** Dr. Lyon,
himself was the origina-
tor of the phrase: "*Keep
your teeth clean, but be
sure to consult your fam-
ily dentist regularly.*"

Professional recognition of Dr. Lyon's is national.

A prominent dentist writes as follows regarding

Dr. Lyon's
PERFECT
Tooth Powder

"Have been using and advising use of Dr. Lyon's for many years.
Am now removing stains with H₂O₂, bristle brush and the powder.
It works splendidly besides having a more pleasant taste and odor
than pumice. Dr. Lyon's is the best powder on the market I have
found."

**Send for the
Complimentary
Pound Can**

We want you to recommend Dr. Lyon's. But only after convincing
yourself of its superior properties. Let us deliver to you free of
charge, a large pound can so that you can demonstrate the value of
Dr. Lyon's by actual use. Simply make your request on your pro-
fessional stationery or enclose card and we will ship you the pound
can of Dr. Lyon's Perfect Tooth Powder promptly.

I. W. LYON & SONS,
520 West 27th St. New York

Please mention ORAL HYGIENE when writing to advertisers.

RHODE ISLAND.

Got one foot out of bed in December but stopped to take a little beauty sleep.

SOUTH CAROLINA.

Had one eye open for a minute but went back to slumber.

SOUTH DAKOTA.

Better rent from Minneapolis when the chance arrives.

TENNESSEE.

The Memphis Dental Society film is in charge of Dr. J. D. Towner, Central Bank Building, Memphis.

The Tennessee State Dental Association film is in charge of Dr. W. G. Hutchinson, Eve Building, Nashville, Tennessee.

TEXAS.

The Dallas Dental Society film is in charge of Dr. Henry L. Adler, Wilson Building, Dallas, Texas.

UTAH.

Will probably have a film when this is read. Write Dr. George F. Stiehl, McCornick Building, Salt Lake City, Utah.

VERMONT.

Napping peacefully.

VIRGINIA.

Still coy and reluctant.

WASHINGTON.

Symptoms of an early rising movement.

WEST VIRGINIA.

The Wheeling Dental Society film is in charge of Dr. A. C. Plant, Schmulbach Building, Wheeling, West Virginia.

WISCONSIN.

The Milwaukee Public School Free Dental Clinic Association film is in charge of Dr. W. W. Hopkinson, 388 Brady street, Milwaukee.

Wisconsin should have another film.

WYOMING.

Had better rent from Salt Lake City.

Further advices next month.

PERIL OF PUBLICITY.

Senator Tillman was talking about a politician who always keeps himself in the public eye.

"He is as bad," said Senator Tillman, "as poor old Hamlet Binks, who went to Ocean Grove for his vacation, and fell off Ross' pavilion at high tide

and got drowned."

"Poor devil!" said the reporter, "But how did he happen to fall off?"

"He was trying," said Senator Tillman, "to keep himself in the center of a coastwise steamship's searchlight."—Los Angeles Times.

A MODERN TEXT BOOK FREE

A 20-page book with
54 illustrations, including

How to set a porcelain crown without a band.

How to set a porcelain crown with a band.

How to make bridges with porcelain crowns.

How to make removable bridgework.

How to make a cast base for a porcelain crown.

How to make cast gold crown and bridgework.

How to use a porcelain crown as a bridge abutment.

How to use porcelain crowns in full and partial vulcanite dentures.

With complete expert technique showing every step clearly from beginning to end.

The dentist who follows it can easily produce the exquisite crown and bridgework of the *newer dentistry*.

Ask for the "*Davis Technique Book*"

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43 W. 34th St.

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NITROUS OXID—OXY- GEN ANESTHESIA

(Continued from page 190)

tion is prevented by the addition of certain percentages of oxygen, which eliminate the dangers of prolonged anesthesia.

The great difficulty encountered in administering this anesthetic in the hands of a novice, is that of its rapidity in producing anesthesia and its rapid elimination. The anesthetist must be very quick to diagnose the symptoms of his patient and know just what to do to meet certain conditions manifested by the patient, in order to produce and maintain an even state of narcosis.

It is imperative that you have an even and constant flow of the gases to maintain an even narcosis. As very slight variation in the flow of the gases, especially that of the oxygen, will produce an uneven anesthetic, I soon ascertain what percentages of nitrous oxid and of oxygen are required to maintain a certain depth of narcosis. After having the valve set on my apparatus, and having the gases delivered under an even and constant flow, it requires very little adjusting of the gases to obtain an even anesthetic state. The patient responds very quickly to any slight variation in the oxygen, and I, therefore, consider my oxygen valve the key to ni-

trous-oxid-oxygen anesthesia. Several other necessary requirements to produce good results are positive inter-pulmonary pressure, re-breathing and warm gases.

When the gases are administered warm better results are obtained, and a much quieter and quicker narcosis produced, accompanied by better relaxation, thereby overcoming the stage of excitement to a great degree. Warm gases also eliminate the danger of producing any harmful results upon the delicate mucous membrane of the respiratory tract, which is otherwise due to the extremely low temperature of the nitrous oxid as it leaves the cylinders.

It has been proven that from one-third to one-half of the gases is saved in producing and maintaining anesthesia when administered warm, because of the fact that such warm gases are absorbed more readily by the blood and diffused through the thin air cells of the lungs to a greater degree than are cold gases. Personally, I would not administer it for any class of work unless I had a warming attachment on my apparatus.

According to Dr. Teter, the blood absorbs forty-five volumes of nitrous oxid to one hundred volumes of blood at atmospheric pressure. Now, if the gases

DR. J. G. WILSON'S IMPROVED LOCAL ANAESTHETIC



INTRODUCTORY OFFER

ALL FOR \$1.00, EXPRESS PREPAID

3 Boxes Ampules (12 each)	\$2.25	} ACTUAL VALUE \$3.25
1 One Ounce Bottle - - -	.60	
1 Cut Glass Container - - -	.40	

Price: In 1 and 2-Ounce Bottles. 1 oz., \$.60; 6 oz., \$3.00; 12 oz., \$5.40; 24 oz., \$9.60;
In Hermetically Sealed Tubes. 1 box, \$.75; 6 boxes, \$3.75; 12 boxes, \$6.75; 24 boxes \$12.00

Gentlemen:

I enclose \$1.00 for which send me, prepaid, 3 dozen ampules with cut glass container, and 1 ounce bottle of Wilson's Local Anaesthetic, as per your introductory offer.

Name.....

Address.....

I am now using.....
(Kindly mention Local Anaesthetic you are now using. It will be very much appreciated.)

CENTRAL CHEMICAL CO. 300 Main Street
SPRINGVILLE, N. Y.

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are administered warm and under increased pressure, the absorption is increased and a deeper narcosis is thereby produced. This is known as 'positive inter-pulmonary pressure. The pressure required will vary from three to twelve m. m. of Hg., and must be adjusted according to each individual case. This is done by an adjustable sliding collar resting upon the respiratory disc in the face inhaler.

Re-Breathing.

The re-breathing is controlled by the positive pressure valve on the face inhaler and the amount of fresh gases flowing into the bags. The proper amount of re-breathing is governed by the symptoms manifested by the patient. If too much carbon dioxide is present it will be manifested by forced respiratory efforts and accompanied by a slowing of the pulse rate, sweating and cessation of respiration.

The greatest advantage in re-breathing seems to be the great saving of the gases in maintaining a prolonged narcosis, but it has been found that by re-breathing a certain amount of carbon dioxide, the patient's general condition improves, in every respect. A rapid diminution in the amount of carbon dioxide in the arterial blood creates a lack of normal stimulation on respiration.

I keep a small stream of nitrous oxid and oxygen flowing into the bags at all times, allowing the patient to re-breathe into the nitrous oxid bag only. The oxygen bag has a one-way valve, which prevents any re-breathed gases to enter the oxygen bag. This allows pure oxygen only to flow out of the bag continually and the patient to thereby get a fresh supply at all times. If sufficient oxygen is not given during the anesthetic, nitrous oxid symptoms will be manifested, such as, cyanosis, lividity, obstructive stertor, epileptiform symptoms, twitching of the muscles, and if persisted in, asphyxiation will be the result, accompanied by cardio-inhibition and death. On the other hand, if too much oxygen is given, the anesthesia will be of light character and no alteration in color.

You will note there are two extremes, two ends to the scale, and you must avoid both, by steering a middle course, recognizing premonitory symptoms and knowing what to do in order to produce an even narcosis. Successful administrations depend upon the ability of the anesthetist to correctly foretell what effect this or that method will produce upon the patient, and it is this kind of knowledge that is essential in deciding upon



The Benefit of the Doubt

WHY let your patients wonder why you haven't Aseptic Furniture?

¶ They probably know your methods are clean—you likely admit it—but why tell them—why not let them see for themselves?

¶ You have your washstand in the same room with your chair, so they know your hands are clean—why not use furniture that says, "I am clean," and says it in an unobtrusive manner but says it so it can be HEARD?

¶ Use Pressed Steel White Enamel Furniture and REMOVE the doubt.

Send for the book that goes into details

Lee S. Smith & Son Company
PITTSBURGH, PA.

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the particular line of treatment which should be adopted in anesthetizing different kinds of patients.

When the patient is cyanotic under ether or chloroform, we know he is near death's door, but the cyanosis that accompanies nitrous oxid anesthesia is from an entirely different cause. It is caused by robbing the blood of the proper amount of oxygen and, in most cases, is not considered dangerous, providing it be not persisted in any great length of time.

I will mention a few cases, which I have had in my practice, to bring out some interesting points.

Case 1.—At Washington, N. J.

Patient.—A baby boy, aged eight months.

Operation. — Circumcision.

Anesthesia.—I obtained surgical anesthesia in one and one-half minutes, using my nasal inhaler as a face inhaler. Baby regained consciousness in two minutes after anesthetic was removed.

Case 2.—At City Hospital, Newark, N. J.

Patient.—Female, aged 35, very nervous and excitable, irregular pulse of 104, respiration shallow.

Operation.—Hernia.

Anesthesia.—I induced surgical anesthesia in five and one-half minutes on 90 parts nitrous oxid and 10 parts oxygen. Anesthesia

was perfect throughout operation, which lasted one hour and six minutes. Patient regained consciousness and was talking within two minutes, was not nauseated in the least and was removed to her room resting comfortably.

Case 3.—At Pittsburg, Kansas.

Patient.—A baby aged 20 months.

Operation. — Extracting the roots of lower deciduous tooth and lancing an alveolar abscess. Crown had decayed completely away and a large abscess had formed. I could not get the child's mouth open more than one-fourth inch due to swelling.

Anesthesia.—I had the mother hold the child in her lap and I induced anesthesia in one minute with 90 parts nitrous oxid and ten parts oxygen. I opened the child's mouth with instruments and completed operation. The child recovered in two minutes and did not even cry.

Case 4.—At Pittsburg, Kansas.

Patient.—Male, aged 78.

A general degenerative process manifested; irregular pulse, anaemic.

Operation.—Removal of twenty-six teeth.

Anesthesia.—I produced anesthesia by the use of the nasal inhaler in two minutes. I started the administration with 86 parts of nitrous oxid and 14 parts



"MY DAUGHTER surprised me some time ago by telling me my teeth were beginning to show the effects of constant smoking.

"Then one day at the office I noticed my senior partner had the cleanest, whitest-looking teeth I had seen in many a day. Knowing he was an inveterate smoker, like myself, I asked him about it.

"He turned to me with an engaging smile—I realized then that his teeth were what made his smile so engaging—and replied, 'Pebeco Tooth Paste, twice a day.'

"I took the hint and bought a tube on the way home that evening. A few months later I made my annual sojourn at my Dentist's. His first remark was:—

"'Humph! Must have quit smoking,'

"I smiled to myself, realizing that Pebeco had done it and that he was paying this preparation a great compliment. Later he told me my teeth were in splendid condition, and I have sworn by Pebeco ever since."

(Quoted from letter of user of Pebeco, name on application)

Pebeco Tooth Paste inhibits fermentation and therefore prevents decay. It was originated in the hygienic laboratories of P. Beiersdorf & Co., Hamburg, Germany.

LEHN & FINK, MANUFACTURING CHEMISTS
152 William Street, NEW YORK
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oxygen, gradually decreasing my oxygen to 10 parts, maintaining all the time, surgical anesthesia. He recovered in one and one-half minutes and said, "Why don't you extract my teeth?" I replied, "They are all out." He informed me that he had been putting off having them extracted for twenty years, for he was afraid of a dentist. He left my office within five minutes after awakening.

Case 5.—At Franklin, Pa.
Patient.—Female, age 61.

Was operated upon for mastoid abscess. Patient had myocarditis and chronic parenchymatous nephritis in which chloroform and ether were strongly contraindicated. Patient was very weak and when placed upon the operating table had a temperature of 103,—a pulse of 140, and breathing 30 times per minute. I administered warm nitrous oxid and oxygen, starting my patient with 85 per cent. nitrous oxid and 15 per cent. oxygen, gradually and cautiously carrying her into profound anesthesia. I produced surgical anesthesia in three minutes. The surgeon opened into the mastoid cells, and found considerable pus, which had extended down to the dura mater. The pulse ranged from 98 to 109 throughout the operation and was of excellent quality. The duration of anesthesia was one hour

and twenty-six minutes. Not one drop of ether or chloroform was given.

The patient was not cyanotic, but displayed a florid color and was, apparently in no danger at any time from the anesthetic. After the operation was completed the nitrous oxid was turned off and pure oxygen was administered. Patient regained consciousness and was talking within four minutes. No post operative complications. I asked the patient how she liked the anesthetic and she said, "Five years ago I was operated upon for appendicitis. Ether was given me and I vomited for nearly a day after, and since that day I have abhorred the smell of ether, I put this operation off as long as I could, because I dreaded the anesthetic, but since I have been given the anesthetic today I certainly can praise it very highly."

I gave this anesthetic in the presence of fourteen physicians and all were impressed with the results obtained.

Case 6.—At Council Bluffs, Iowa.

Patient.—Male, age 38.

Was very nervous and had valvular insufficiency.

Operation.—Herniotomy.

Anesthesia.—I obtained profound anesthesia with 8 parts oxygen and 92 parts nitrous oxid, with complete surgical relaxation.



Patented Mar. 5, 1900. D. R. G. M. 119559

The Justi Detachable Pin Crown

The distinctive features of this well known crown are shown in the above cut.

These features in connection with the natural life-like forms and shades of the JUSTI porcelain, have made this crown, after twelve years use, the most popular detachable pin crown that is offered to the Dental Profession.

The porcelain shoulder in the recess strengthens the crown, and engaging a corresponding groove in pin, prevents rotation.

The lateral depressions in recess, together with the corrugations on pin, insure an absolute anchorage for the cement and will prevent the pin from pulling out. The pins are made of Platinum and Silver, are tough, strong, durable, will not corrode and are made in three sizes, also pins for bifurcated roots.

Why YOU should use

Justi Detachable Pin Crowns

Easily adapted

Strong construction

Natural appearance

Send for booklet showing complete line of molds.

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If your dealer cannot supply them, order direct

The Guedel Gas Apparatus

PATENTED NOV. 26th, 1912

WITH the Guedel Apparatus, analgesia or anesthesia is produced by mixing nitrous oxide gas with oxygen from the atmosphere in definite percentages. ¶ The construction of the valve is such that the operator has the mixture under entire control and regulates at will the amount of air to be added to the diluent from 5% up to 95%, the raised figures on the valve indicating the exact percentage. ¶ He also controls the flow of the valve whereby re-breathing of the mixture is definitely regulated.

Self Administration.

The design of the inhaler and its handle is such that the gas is administered by the patient instead of by an assistant. Fear is thus removed, the risk of accidents reduced to the minimum. The patient knows he may stop the inhaler at his own pleasure. Should he become unconscious, it is his own fault. The necessity of an assistant is eliminated and the operator can do better work.



Hygienic Properties.

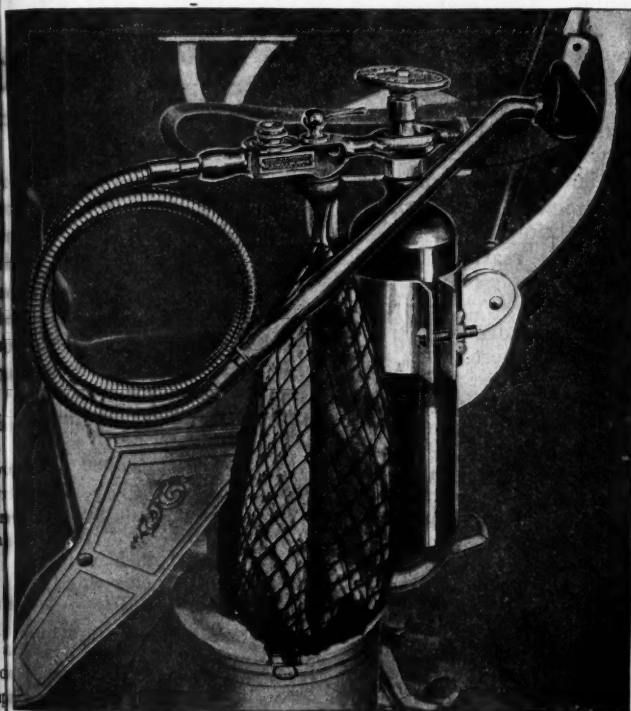
The entire outfit is metallic and nickel plated, same as the metal parts, the entire apparatus including the valves and the tubing itself may be taken apart in a few seconds and sterilized in boiling water. In addition to this, the bottom of the bag is made of a material which is not affected by the gas. ¶ The apparatus, while not designed for the purpose of satisfaction for all branches of dental work, it is in a state of analgesia that may be indicated for minutes.

BOOK WITH COURSE OF INSTRUCTION

the use of air in preference to oxygen as a diluent for nitrous oxide gas will be sent cheerfully upon request.

Prices: Apparatus complete with clamp for cylinder and lug for attaching to any make of chair, less cylinder and gas . . . \$30.00
 Portable Stand illustrated in lower cut, extra . . . \$5.00

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with a screw cap permitting it to be as readily sterilized inside as out. The anesthetic specialists or for major operations, will afford entire comfort with it the operator may, with perfect safety, hold his patient in any position for minutes or hours as may be desired.

COPIES FREE. A. E. GUEDEL, M. D., an anesthetist of national reputation, has written a treatise advocating the use of nitrous oxide gas, in analgesia and short narcosis. This book containing information

MADE BY

Lee S. Smith & Son Company
PITTSBURGH, U.S.A.

Duration of anesthesia, 56 minutes. On removal of the anesthetic, patient recovered within two minutes. No nausea or post-operative complications.

Case 7.—At Wilmington, Delaware.

Patient.—Female, age 41.

Anemic and in poor physical condition.

Pulse at start of operation—100.

Operation.—Appendicitis.

The appendix was ruptured and there was pus throughout the abdominal cavity. I induced surgical anesthesia very cautiously in three minutes. Relaxation good. There was no shock or any other bad effects from the anesthetic, so common with ether and chloroform.

Case 8.—Patient, female, aged 16.

Very weak and anaemic. Respiration rapid and weak. Thready pulse of 120.

Operation.—Resection of rib and draining of pleural cavity.

Anesthesia. — I n d u c e d anesthesia in four minutes. Respiration very regular, except at times the pleural cavity was entered, and then it became necessary to force oxygen into the lungs to re-establish respiration. General condition was good under the circumstances. Patient vomited slightly on removal of anesthetic and was conscious within three minutes.

Duration of operation, twenty-nine minutes.

While in New York City, recently I was asked by Dr. Gwathney to give several anesthetics in St. Bartholomew's Clinic. I administered the anesthetic to five children for the removal of tonsils and adenoids, and Dr. L. D. Alexander, the operating surgeon wrote me as follows:

"I wish to thank you for your most interesting and satisfactory demonstration at St. Bartholomew's Clinic. The five children were anesthetized in a most satisfactory manner."

An interesting case that came under my observation was that of appendicitis. It was in Harper Hospital, Detroit, Michigan, Dr. Angus McLean was the operating surgeon.

Case 9.—Patient, male, age 31.

Occupation. — Physician.

The Doctor was in a very good physical condition but had had several attacks of appendicitis. After observing my anesthetic work in several other cases for the surgeons, he asked me if I would give him the anesthetic the following day, for the removal of his appendix. I told him I would be only too glad to give him the anesthetic. The next morning at 9:30 I started the administration and at 9:33 the incision was made. At 9:46 the operation ended. Six-

What Dentalone does for the Dentist.

DENTALONE is a solution of chloretone in oil of cloves, oil of cinnamon, and oil of wintergreen. It is the best available application for odontalgia (or toothache). It is equal in anodyne potentiality to creosote or phenol combinations, and, unlike these, is not escharotic. *It eases the pain harmlessly.*

DENTALONE is useful as a solvent for arsenic paste in pulp-devitalization. It counteracts the pain without interfering with the chemical effect of the arsenic upon the pulp.

DENTALONE, mixed with zinc oxide for the filling of root canals, exerts both an anesthetic and antiseptic effect. The chloretone and oil of cloves in the combination are pronouncedly anesthetic; the chloretone and oil of wintergreen are pronouncedly antiseptic.

Supplied in ounce bottles.



PARKE, DAVIS & COMPANY

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teen minutes elapsed between the two periods of consciousness. Dr. McLean did the operating in eleven minutes and the other five minutes were consumed in the administration and elimination of the anesthetic. The Doctor regained consciousness and was surprised when told the short period of time he had been on the operating table. His pulse at no time was over 84, and respiration ranged from 16 to 20 per minute. Not one drop of ether was used during the administration.

Another interesting clinic was at Easton Hospital, Easton, Pa., where I administered the anesthetic in five cases, after which I was presented with the following letter from the operating surgeons:

"Dr. A. E. Smith, of Cleveland, Ohio, administered nitrous oxid and oxygen in five cases which were operated upon.

"The first case, appendicitis, was very successfully anesthetized, perfect relaxation was obtained. The operation lasted 20 minutes. Second case, Double hernia

and hydrocele. The operation lasted 45 minutes, anesthesia was perfect. Third case, Suspension of uterus by shortening round ligaments (Coffee) and resection of both ovaries, which were Cystic. Anesthesia and relaxation all that could be desired. Operation lasted fifty minutes. Fourth case, Vaginal hysterectomy, anesthesia fine. Operation lasted forty minutes. Fifth case, Varicocele. Perfect anesthesia, operation lasted fifteen minutes.

"About thirty physicians witnessed the operations and demonstrations of the anesthetic. Everybody was delighted with the results. Personally I was much impressed by the short time it took to produce perfect anesthesia and the extremely good condition of the patients after anesthesia, Their rapid recovery and the absence of all after effects.

Signed:

"H. D. MICHLER,
Surgeon-in-Chief.

"T. C. ZULICK,
Assistant Surgeon."

(To be concluded.)

COUNSEL FEES.

Georgia lawyer (to colored prisoner)—Well Ras, do you want me to defend you? Have you any money?

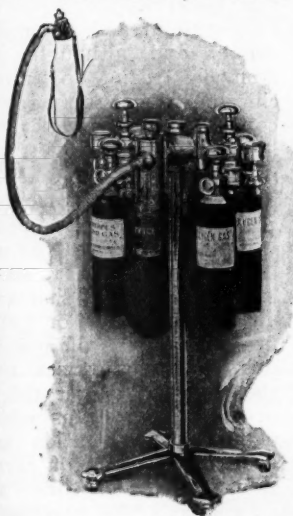
Rastus—No; but I'se got a mule and a few chickens and a hog or two. .

Lawyer—Those will do very nicely. Now let's see; what do they accuse you of stealing?

Rastus—Oh, a mule and a few chickens and a hog or two.—*Life.*

THE TETER REGULATED PRESSURE GAS APPARATUS

The TETER Regulated Pressure Gas Apparatus represents the embodiment of perfection in scientific administration of nitrous oxid and oxygen.



It is the ideal apparatus for the dentist, the anesthetist or the hospital. It is provided with regulators which are built in the head of the apparatus and which reduce the pressure from the small cylinders the same as do the regulators on the large cylinders. Our controlling valves enable the operator to secure an even and steady flow of the gases which is so essential to the proper administration of the anesthetic.

Painlessly prepare all cavities and extract all teeth with the TETER REGULATED PRESSURE GAS APPARATUS, because it is

THE MOST

Easy to Operate
Accurate
Economical
Practical
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ONE VALVE

Controls the Gas Pressure from the Cylinders
Shows the exact percentage of Gas used
Admits the amount of Gas required
Controls the Regulator Pressure Gauge

All gases are delivered warm with the vapor warmer, which thereby saves the gases and produces a more pleasant and effective anesthesia.

NO ASSISTANT NECESSARY

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Williamson Building Cleveland, Ohio

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A TALK TO SCHOOL TEACHERS.

(Continued from page 196)

gain that pays you for the time and trouble you spend. Most certainly there is. I repeat the opening sentence of this talk. "The teeth lay the foundation for the health and strength of mankind." Briefly it all amounts to this:

Without good teeth there cannot be thorough mastication.

Without thorough mastication there cannot be perfect digestion.

Without perfect digestion there cannot be proper assimilation.

Without proper assimilation there cannot be nutrition.

Without nutrition there cannot be health.

And without health, what is life?

Is it not worth an effort?

There is another subject connected with dentistry, which concerns you. Yes, you, who are unfortunately possessed of bad teeth, are especially concerned. I repeat, the teeth are the keys to the door of good health, and they are in your power and under your direct control. During an ordinary meal did you ever stop to consider just how much or how fast you are eating? Did it occur to you that you were not using your teeth as they should be used? The chances are ten to one that

you failed to do two of these three things as you should. If you ate too fast and gulped down your food like a bird, very well. But you must remember, nature provided the birds with a special organ, capable of grinding up what they swallow. We, however, are without this stomach organ, and although our stomachs can do much churning, they cannot grind; consequently our teeth must be used for that purpose or it is never accomplished.

The digestive juices of the stomach cannot penetrate the masses of unground food, so that when it is swallowed in that condition it ferments or putrefies, and throws off poisonous acids and gases that the body must get rid of or die. The organs which eliminate these acids and gases are organs of excretion, and when these are overworked the machinery of the body becomes clogged and disease comes on.

Through the agency of the glands of the mouth, nearly three pints of saliva, the digestive juice secreted in the mouth, are thrown out to aid in digestion every twenty-four hours. The chewing process is supposed to saturate each morsel of food with this juice, so that it reaches the stomach in an almost liquid condition. It is here, then, that digestion properly begins, and not in the stomach.

DO YOU WANT TO SWAP?

Your Old Spittoon for a Brand New "CLARK" ●



Clark
New Model
Double Bowl (with
finger bowl attach.)

We will make
you AN AL-
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for your old
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This is a RARE
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to replace your spit-
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equipped with all the
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convenience, that de-
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It is safe to say that very few of us carry out nature's wishes in this respect. Three things hinder the workings of this juice: Insufficient chewing of food, the use of water to wash down food at meal time, and continued spitting. Of the first of these, I have already spoken, of the second I cannot say enough. Do not depend upon water to moisten your food. Nature provided the saliva for this and this alone, and nothing can be made to serve its purpose or perform its function.

Of this disgusting American habit of spitting I shall say little. It is killing in its hurtfulness to the digestive system. It is a disease spreader. It is merely a habit, and is such a foolish and disgusting one that the self respecting person shuns it.

Use all of the teeth. Do not chew your food in one side of your mouth continually, but give both sides equal exercise. Dentists often find on examining a patient's mouth, that teeth on the side of the mouth used exclusively for chewing are regular, while those on the disused side were decayed and softened. By depriving a dog of bones and giving him nothing but tender meat to chew, it has been found that the teeth soon gather foreign matter, lose the fine white color that the teeth of all

dogs have, and in time drop out from disuse. Use the teeth and don't be afraid of good, solid vegetables, such as parched corn, stale bread, etc. It is worth while to eat lots of it. Use the teeth!

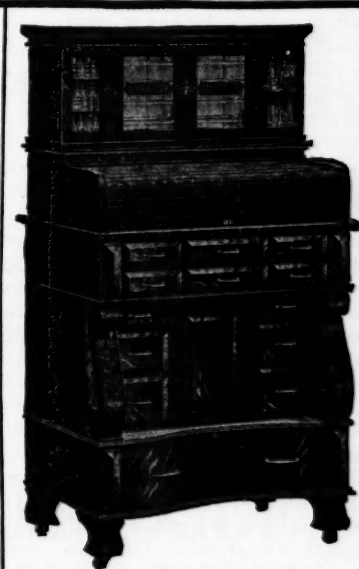
There is a great movement now on foot, throughout the United States, to establish free dental departments in hospitals for the treatment of the public. It includes also the treatment of school children, and has in view the accomplishment of better conditions for the future. For this reason it is known as Humanitarian Dentistry. By making the treatment entirely painless the children are induced to give their teeth attention, and the result will be that the coming generation will be greatly benefited.

The schools are often made headquarters for this work. If the movement reaches you, help it.

I hardly know what to say as to your duty as teachers toward your pupils. But let me see whether I can put it squarely before you as I understand it. Let us take a hypothetical case. Suppose that Johnnie Jones, whose parents have neglected his teeth, comes into your school and you see that there is a little brown spot on one of his front teeth. You notice this when he smiles broadly at you; your ex-

New Cabinets at Bargain Prices

We have just issued a circular calling attention to a few patterns on which we are overstocked and some that we expect to discontinue.



In order to close them out promptly we have made exceptionally low prices and if interested in a new cabinet, you can hardly afford to overlook this opportunity.

Write now while the assortment is largest.

Terms to suit.

The American Cabinet Company

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perience tells you, if you reflect a second, that in time that tooth will decay, and you know that a decayed tooth, as we have seen, means pain along with many other bad consequences. You know that Johnnie will be a pupil of your own or other teachers for many years, and you know that the sound tooth his smile discloses, if it be not kept sound, will prevent him, during many hours and perhaps days, from studying his lessons. You know that he will have the tooth ache. Now, if from no other consideration, should you not as a teacher endeavor to keep him in condition to study? Well, somebody should. If nothing be done the little brown spot will soon be a black spot. The enamel of the tooth will be broken, the tooth will begin to ache, Johnnie's mother will probably tell him that he has caught cold in his tooth. Gradually the cavity will become larger, Johnnie will get some hot drops or creosote and put in the cavity to stop the pain. This dope will further aid in the destruction of the tooth, and at last, after Johnnie has suffered untold agony, has remained away from school for many days, and possibly weeks, and has wondered in his poor ignorant way "why teeth were not made so they wouldn't ache," he goes to the family physician and has it pulled. All this

happened because nobody took sufficient interest in Johnnie's tooth to cleanse it of that little brown spot. On the other hand, let us suppose that somebody said to Johnnie, "Say, Johnnie, you want to have pretty teeth, don't you? You want to have good health, and you don't want to have the toothache, do you? Now you get a tooth brush and take a little clean soap and wash your teeth thoroughly every night. Be sure to get that brown spot off your front tooth, rub it with soap and a little rag until it is perfectly white and smooth and clean. Clean every tooth in the same way, and never under any circumstances leave a particle of food between your teeth. Don't pick your teeth with a hat pin, or a fork, or a carpet tack, but gently work out every bit of substance with a wooden pick, a straw, or piece of thread, and then brush your teeth with your tooth brush and plenty of clean water. If you will do these things you will never have the toothache. If you don't do them you will have the toothache days and nights without end. If you take care of your teeth they will be beautiful and will help you to be a handsome and healthy man, if you don't clean your teeth you will have an offensive breath, you will have the toothache and eventually you will have false teeth."

A New Book Ready for You

It tells the story of
LENNOX
NITROUS OXIDE
and **OXYGEN**

Interesting facts about the
purest, safest and most
reliable Anesthetic known.

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DEPENDENT CHILDREN

An Address delivered by JUDGE W. C. DUNCAN, Columbus, Ind.

I believe it was Oliver Wendell Holmes, who being asked when the education of a child should begin, replied that "it should begin with the child's grandfather."

Probably in no branch of education of the child is this more notably true than in the matter of "personal hygiene."

I could not be expected to speak as an expert on "Personal Hygiene of boys and girls" as the State Bacteriologist and Dr. Smith have done, but must discuss the subject from the standpoint of the laity and practical social worker; and with the brief time I may consider the subject, I wish to concentrate my efforts at a point where I conceive there is the greatest neglect in personal hygiene of "dependent" children.

When I say that this greatest neglect is in the care and repair of the teeth, I believe the assertion will be admitted as true, from common observation and experience, and no proof will be needed. I shall turn my attention at once therefore, to the importance of this care, and the effect of neglect in this respect.

Nature has indicated her high estimate upon the val-

ue of the teeth to human economy, by furnishing both a temporary and permanent set; a wealth of providence, that she has denied to every other part of the human body.

We are dealing with thousands of "neglected", "abandoned" and "dependent" children in Indiana; this statutory description of them might well lead one to infer, what we find on examination to be a fact; that these public wards have been woefully neglected in this respect; and the responsibility is upon us for their neglect, as they have no one to look to, but those who have taken upon themselves the general supervision and care of these children.

They must look to us to plead their cause, and present it to those who should meet the expense of this care and repair of their teeth.

At the request of our Board of Children's Guardians in Bartholomew County, the Dental Association, recently visited our Orphans Home and made an examination of the teeth of the 28 children there, making a chart report in each case, which upon examination, disclosed the fact that out of 20 of the

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FORMULA:

60% Ethyl Chloride 35% Methyl Chloride 5% Ethyl Bromide

Also supplied in formula of 83% of Ethyl Chloride,
16% Methyl Chloride, and 1% Ethyl Bromide.

PRICES

\$1.25 per dozen

3cc Capsules

\$1.50 per dozen

5cc Capsules

Nothing
Better
At
Any
Price



NO EXPERIMENT Over Five Years in use with more than 1,500,000 administrations and **NO FATALITY**

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344 No. Michigan Av.
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208 First St.
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children examined, who had some or all of their permanent teeth, only two were not in need of dental services; in other words 90 per cent of them, needed such services.

This was true in a Home where the matron was teaching the children the value of the tooth brush and personal cleanliness.

It is true that in many cases, the decay was in such incipient stages, that the repair would be but a trifle in expense, which intensified the importance of prompt action, but there were also ulcerated teeth among these children.

By the generous action of the Dental Association of our City, and the support of the Board of County Commissioners, we expect to have the teeth of these children put in proper condition at once, at a cost but little above the value of the material used.

But this care should not stop there, but should be followed up by dental examinations of sufficient frequency as to keep the teeth in good condition as long as the child may be kept in the institution; and before it is taken to a private home, it should be carefully examined as to this condition, and then whoever places that child out should see that a special clause is inserted in the agreement under which it is placed, requiring the

one receiving it to keep up this care of its teeth.

It is not right to ask the people who receive a child to supply it with a set of teeth, or begin their repair at once, but when the child's teeth are in good condition at the time of placement with them, they should be required to follow up this care with necessary examinations and repair; and when the Agents of the State Board of Charities visit these children, they should make it a point to see whether this is being done.

The small amount of expense necessary to secure this service, will be one of the best investments that such sum could be applied to, in view of the important results to be obtained, in the health and growth and efficiency of the child in school and in the home where it may be placed.

The mouth and the teeth are the first step in the digestion of the food, and upon nutrition of the body will depend its growth, as well as its immunity from constitutional and contagious diseases.

It is declared by scientists, that in the mouth of a child carrying ulcerated teeth some 45 different disease germs are found to exist, thus tainting the food in the first step in nutrition.

There is a strictly business side to this question,

Dentist Coats

The Kind that Satisfy



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Marcus Ruben, Inc.

650 So. State St., Chicago, Ill.

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"All-in-One"
DENTAL TABLETS
TRADE MARK

THE DENTIFRICE MADE FOR SERVICE

Contains PURE MAGNESIA for ALKALINITY. Fine CALCIUM PEROXIDE for Oxygen and polishing. SODIUM CHLORIDE for saline solution to promote healing and formation of healthy gum tissue.

Made in TABLET FORM

More SANITARY. CONVENIENT. Economic. More powder, paste and liquids are smeared over clothing and washstands every day than ever reach the mouth.

If you want your patients to be pleased with your treatment, especially in Pyorrheal conditions, don't permit them to use a gritty, soapy, glycerine, gum-softening dentifrice.

Prescribe ALL-IN-ONE Dental Tablets and get good results immediately.

Write for free supply and "Acid Test" card, showing strength in ALKALINITY, also its power to neutralize more acid than any dentifrice on the market.

THE SANICULA CHEMICAL CO.

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THE MOST IMPORTANT FACTOR

in the neutralizing of
destructive acids and
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health is

Glyco-Thymoline

"The Alkaline Antiseptic"



GLYCO - THYMOLINE is
as necessary on your bracket
table as cotton and pliers.
Ask us to send you free sam-
ples for yourself and patients
(bottle like cut) FREE
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which appeals to the public purse and to all having charge of public funds.

It is not only to the interest of the child to maintain its home, when placed, but its return to the Orphans Home at once renews the expense of its care and support by the public.

A child with decayed and aching teeth, will not only be inefficient in service to its home, and in school, but will develop a disagreeable and rebellious temper, and this in turn re-acting upon others with whom it may be placed, results in a return of the child to the Orphans Home, and to public expense.

But more important than this is the human side that should appeal to everyone, for there is no scene that should move your heart quicker to emotion and pity, than a weeping child

with aching teeth, and no one bound to come to its relief.

It has been said, "that compared with tooth ache, all other pain is a modified and negative form of pleasure."

In conclusion I would say, that it is the part of wisdom for a commander in forming his battle line, to find his weakest point and concentrate his forces at that point.

You men and women of Indiana, are the commanders here in charge of these thousands of dependent and neglected children, and I appeal to you to concentrate your efforts to secure for them this help and protection they need, and which you only can secure for them.

If we can not come to you, "to whom shall we go?"

THE PRUDENT SCOT

For two years the most decorous courtship of Sandy and Lisbeth had slowly progressed. One Sabbath night, after a silence of an hour, Lisbeth murmured: "A penny for your thochts, Sandy."

"Weel," replied Sandy, with boldness, "I was jist thinkin' how fine it wad be if ye were tae gie me a wee bit kissie."

Lisbeth kissed him. Then twenty-seven minutes of silence.

"An' what are ye thinkin' aboot the noo, Sandy—anither?"

"Nae, nae, lassie; it's mair serious the noo."

"Is it, laddie?" asked Lisbeth softly, her heart going pitapat. "An' what micht it be?"

"I was jist thinkin'," answered Sandy, "that it was about time ye were paying me that penny for my thochts."

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A JOKE ON SOMEBODY

A Baltimore, Maryland, reader says one of his first callers, when he began practice, was a little girl who carried a baby sister that was about all she could labor under.

"Movver say," she began, "please look at baby. She finks there is a cabinet in her toof."

Our correspondent examined the "cabinet" and relieved the ache. The young person lifted her charge and started for the door. Our correspondent called to her and asked whether her mother had sent any money.

"No thir," she said, "Ain't you the parish doctor?" And out she went.

IN SEARCH OF USEFUL INFORMATION

Donald and Jeanie were putting down a carpet. Donald slammed the end of his thumb with the hammer and began to pour forth his soul in language befitting the occasion.

"Donald, Donald!" shrieked Jeanie, horrified. "Dinna swear that way!"

"Wummun!" vociferated Donald, "gin ye know ony better way now is the time to let me know it."—*Current Literature.*

"A man can't build nuffin' much," said Uncle Eben, "if he stops to heave rocks an' throw mud when he orter be pilin' up bricks an' mortar."